

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106566
Insp Area: 1

Site Address: 980 9TH ST SAC
Parcel No: 006-0036-031 #2150

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
RUDOLPH AND SLETTEN INC
1750 CREEKSIDE OAKS DR STE150
SAC CA 95833

OWNER
US BANK
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

ARCHITECT

Nature of Work: int OFFICE REMODEL

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class BA License Number 198069 Date 07/30/01 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

_____, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under: Sec _____ B & PC for this reason _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 06/13/01 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____, I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued

nm I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier AMERICAN GUARANTEE & LIABILITY Policy Number WC 3495307 - 00 Exp Date 06/30/2001

_____, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any amount to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 06/13/01 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 980 - 9TH ST #2150 Permit No. 0106566

Building Use: OFFICE Occupancy: B

Building Owner: US BANK PLAZA, GROSVENOR INT Construction Type: 1 FR

Owner Address: 100 PINE ST #3200 SAN FRANCISCO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 2150 Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

8/3/01 Nicholas Buchberger DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:GJ,RSB,WJR,SB]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

| | |
|--|------------|
| ACTIVITY # 0106566 | Insp. Area |
|--|------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 9th St. Suite 2150
 PARCEL # 006-0036-031

| | |
|--|--|
| <p style="text-align: center;">CONTACT</p> Name <u>Stafford Space Planning</u> Street Address <u>7585 Gold Dr</u> City/State/Zip <u>Livermore Ca 94550</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: <u>ssp@qinet.com</u> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. #</p> Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr</u> City/State/Zip <u>Livermore Ca 94550</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____ | <p style="text-align: center;">OWNER</p> Name <u>US Bank Plaza / Grosvenor Internet</u> Address <u>100 Pine St. Ste 3200</u> City/State/Zip <u>San Francisco Ca 94111</u> Phone <u>557-1800</u> FAX <u>557-1810</u> E-mail: _____ |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: interior remodel including demolition and a few new partitions.

OCCUPANT/TENANT: California Apt Assoc. VALUATION: \$ \$85,000.00

| | | | | | | | | | | |
|------------------------|--------------|-------------|------------|------------|--------------|-----------------|--------------|-----------|-------------|--------|
| FLOOD STATUS: | | | | | | S.C.A.T. | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI () | REM (X) | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | | BLDG | MECH | PLUMB | BLEC | SITE | FIRE | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y / N | | Fed Code | Vio. File | |
| | | <u>4819</u> | | <u>B</u> | <u>I. FR</u> | <u>SPR</u> | <u>ALARM</u> | <u>15</u> | [H] | [Quad] |
| <u>(B)</u> | <u>(L)</u> | <u>P</u> | <u>(M)</u> | <u>(E)</u> | <u>(R)</u> | <u>S</u> | <u>D</u> | <u>PW</u> | <u>UTIL</u> | |
| <u>NONE</u> | <u>134</u> | | | | | | | | | |

COMMENTS: SPRINKLER PLAN IS SHOWN-4

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

| SUBMITTAL DATES | | | | | |
|-----------------|---------|------------|-----|------------|-----|
| First Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| 5/23/01 | 5/25/01 | / / | / / | / / | / / |

PLAN CHECK # 0106566
 ADDRESS: 180 9th ST # 2150
 Commercial Residential

ACCEPTED by (Staff): JM


| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|------------|-------|---------|------------|-------|------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | | | | | | | | | |
| STRUCTURAL | | | | | | | | | |
| MECHANICAL/PLUMBING | 13 | KAW | 5/25/01 | | | | | | |
| ELECTRICAL | 13 | T.L.M | 5/25/01 | | | | | | |
| FIRE | 13 | BJF | 5/25/01 | | | | | | |
| PLANNING | | | | | | | | | |
| | | | | | | | | | |

STAFF COMMENTS:

447-7903

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: California Apartment Association Phone: 447-7881
Site Address: 980 9th St Suite: 2150
(Street) (Zip)
Business Owner/Representative: Debbie Hurst Phone: 447-7881 x15
Nature of Business: Business office
Property Owner: US Bank Plaza Phone: 557-1800
Address: 980 9th St Suite: 260
Sacramento (Street) Ca (City) (State) 95814 (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Jill Condon (Print)
Jill Condon (Signature) 5/22/01 (Date)
per conversation by Debbie Hurst

| | |
|---|----------------------------------|
| BID Use Only: Plan Ck# | Permit # <u>0106560</u> |
| OK to issue prmt? <u>BY 5/25/01</u> init date | F.D. Appr Req'd? Yes <u>(No)</u> |
| Hold on Certificate of Occupancy? Yes <u>(No)</u> | |
| Fire Dept. Use Only: | |
| OK to issue permit? init ___ date ___ | |
| OK to issue Certificate of Occupancy? init ___ date ___ | |

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 9.19.01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9th St

Has been conducted by Inspector

Pack

On

7.17.01

0106566
Permit Number

4,819
Square Footage

Renodel w/sprinklers
Type of Inspection

They system is acceptable by this department.

J. Johnson
By: Ross L. Woodman,
Fire Prevention Officer II

TJ-A-80
F.D. Reference Number

✓
183-12

MEMORANDUM

TO: BUILDING DEPARTMENT

DATE: 7-19-01

FROM: Troy Maspuro
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9TH ST

Has been conducted by Inspector

Bodick

On

7-19-01

Permit Number
01-06566

Square Footage

Type of Inspection

REMODEL

~~FIRE ALARM~~

They system is acceptable by this department.

By: Ross L. Woodman,
Fire Prevention Officer II

[Signature]

F.D. Reference Number

II 450

10

REMARKS

| Room No. | Order No. | Code | Size | Effective Area | FMVA | FM | CM | CM | CM |
|-----------------|-----------|------|-------|----------------|------|----|-----|-----|-----|
| Room No. | Order No. | Code | Size | Effective Area | FMVA | FM | CM | CM | CM |
| 2108 | 22 | CD | 24X24 | " | 225 | " | 220 | 230 | 135 |
| TOTAL VAV-C | | | | | | | | | |
| 450 | | | | | | | | | |
| 2106 | 20 | " | " | " | " | " | 230 | 235 | 135 |
| 2110 | 19 | " | " | " | " | " | 225 | 230 | 135 |
| 2111 | 18 | " | " | " | " | " | 220 | 230 | 135 |
| 2112 | 17 | " | " | " | " | " | 215 | 220 | 135 |
| 2111 | 15 | LSD | 2'X4' | " | 225 | " | 215 | 215 | 135 |
| TOTAL VAV-R-C-3 | | | | | | | | | |
| 1575 | | | | | | | | | |
| 475 | | | | | | | | | |
| TOTAL VAV-H | | | | | | | | | |
| 2050 | | | | | | | | | |
| 2109 | 8 | CD | 24X24 | " | 475 | " | 465 | 465 | 695 |
| 2107 | 9 | " | " | " | 250 | " | 245 | 245 | 695 |
| 2109 | 10 | " | " | " | " | " | 250 | 250 | 695 |
| 2109 | 11 | " | " | " | 475 | " | 490 | 490 | 695 |
| CORR | 12 | " | " | " | 125 | " | 120 | 120 | 695 |
| 2109 | 13 | " | " | " | 200 | " | 215 | 215 | 695 |
| 2110 | 14 | " | " | " | 275 | " | 275 | 275 | 695 |
| TOTAL VAV-D | | | | | | | | | |
| 530 | | | | | | | | | |
| 160 | | | | | | | | | |
| 2115 | 6 | CD | 24X24 | " | 265 | " | 270 | 260 | 160 |
| TOTAL VAV-R-C-2 | | | | | | | | | |
| 600 | | | | | | | | | |
| 180 | | | | | | | | | |
| 2114 | 3 | LSD | " | " | 200 | " | 215 | 205 | 190 |
| " | 4 | " | " | " | " | " | 205 | 205 | 190 |
| " | 5 | " | " | " | " | " | 205 | 205 | 190 |
| TOTAL VAV-R-C-1 | | | | | | | | | |
| 400 | | | | | | | | | |
| 120 | | | | | | | | | |
| DNL | 1 | LSD | 2'X4' | " | 200 | " | 210 | 200 | 125 |
| " | 2 | " | " | " | " | " | 200 | 200 | 125 |

VAV DIFFUSER AND GRILLE TEST SHEET

DATE 07/20/01
 PAGE 1
 UNIT EXISTING
 SUPPLY 21ST FLOOR



RSAnalysis, Inc.

REMARKS

| Room No. | Room | Odd | Code | Size | Electric Area | Required | Required | Required | Required |
|---------------|------|-----|------|-------|---------------|----------|----------|----------|----------|
| 2105 | | 24 | LSD | 2'X4' | | 225 | | 225 | |
| 2107 | | 26 | CD | 24X24 | | 275 | | 285 | |
| TOTAL VAV-R-C | | | | | | | | | |
| | | | | | | 450 | | 455 | |
| 2103 | | 27 | CD | 24X24 | | 250 | | 245 | |
| 2107 | | 28 | | | | | | 260 | |
| 2102 | | 29 | | | | 110 | | 110 | |
| 2107 | | 30 | | | | 250 | | 265 | |
| TOTAL VAV-F | | | | | | | | | |
| | | | | | | 860 | | 880 | |
| 2104 | | 31 | LSD | 2'X4' | | 225 | | 230 | |
| | | 32 | | | | | | 230 | |
| | | 33 | | | | | | 235 | |
| | | 34 | | | | | | 235 | |
| TOTAL VAV-R-C | | | | | | | | | |
| | | | | | | 900 | | 930 | |
| TOTAL VAV-R-C | | | | | | | | | |
| | | | | | | 270 | | 275 | |

VAV DIFFUSER AND GRILLE TEST SHEET

DATE 07/20/01
 PAGE 2
 UNIT EXISTING
 SUPPLY 21ST FLOOR



RSAnalysis, Inc.

REMARKS

| YAW# | MIN | MAX | AVG | STDEV | UNIT | DATE | TIME | LOCATION | REMARKS |
|------|-----|-----|-----|-------|------|------|------|----------|---------|
| R-C1 | .03 | .36 | | | | | | | |
| R-C2 | .09 | .61 | | | | | | | |
| D | .05 | .39 | | | | | | | |
| H | .07 | .74 | | | | | | | |
| R-C3 | .77 | | | | | | | | |
| VC | .03 | .25 | | | | | | | |
| R-C4 | .04 | .21 | | | | | | | |
| B | .01 | .14 | | | | | | | |
| F | .05 | .53 | | | | | | | |
| R-Q | .04 | .25 | | | | | | | |

VELOCITY PRESSURE READING

DATE 07/20/01
 PAGE 3
 UNIT EXISTING
 SUPPLY 21ST FLOOR



RSAnalysis, Inc.